

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036097

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5132  
FILED OCT 7 1963

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>ST. JOSEPH HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>3 EAST 56<sup>th</sup> STREET</b>	
3. NAME OF DECEASED (Type or print) <b>FRANCIS MAURICE DUFFY</b>		4. DATE OF DEATH <b>SEPT. 19, 1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-12-1890</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ARCHITECT</b>		11. BIRTHPLACE (City and state or country) <b>KANSAS CITY, MO</b>	
13a. FATHER'S NAME <b>LAURENCE DUFFY</b>		13b. MOTHER'S MAIDEN NAME <b>AGNES B. STARKEY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral failure &amp; degeneration</b> DUE TO (b) <b>Cerebral degeneration &amp; atrophy</b> DUE TO (c) <b>Cerebral infarction</b>		14. NAME OF HUSBAND OR WIFE <b>EDNA DUFFY</b> Address <b>K.C. Missouri</b> <b>3 EAST 56<sup>th</sup> STREET</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Operation for Cholelithiasis 9-12-63</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>1:00A</b> Month, Day, Year <b>9-19-63</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>KANSAS CITY, MISSOURI</b>	
21. I attended the deceased from <b>1958</b> to <b>9-19-63</b> and last saw him alive on <b>9-18-63</b> Death occurred at <b>1:00A</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <b>1029 S. 25<sup>th</sup> St. K.C. MO</b>	
22a. SIGNATURE <b>John T. Skinner MD</b> (degree or title)		22c. DATE SIGNED <b>9-20-63</b>	
23a. BURIAL, CREATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>SEP 21 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS</b> ADDRESS <b>1531 BRUSH CREEK KANSAS CITY, MO</b>		25. DATE RECD. BY LOCAL REG. <b>9-20-63</b>	
26. REGISTRAR'S SIGNATURE <b>Bessie Smith</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

John T. Skinner, M.D.

Dr. John T. Deemer  
1402 Bryant Bldg.  
2:00-5:00 P.  
601-0024

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harold P. Reich

Licensed Embalmer No. 4998  
P. O. Address K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.